

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp
JUN 09 2016

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (Visit our website www.bayfieldcounty.org/zoning.asp)

| | |
|--------------|--------------------|
| Permit # | 16-0156 |
| ENTERED Date | 6-13-16 |
| Amount Paid: | \$175 |
| Refund: | FROM OR SNE (5446) |

| | | | |
|--|---|--|--|
| TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: Mark A Marine | Mailing Address: 826 S Ash Ave | City/State/Zip: Marshfield, WI 54449 | Telephone: 715 316 8470 |
| Address of Property: 4819D Atkins Lake Lane | | City/State/Zip: Granville, WI 54839 | Phone: 715 794 3295 |
| Contractor: Mark A Marine (Self) | Contractor Phone: 715 316 8470 | Plumber: N/A | Plumber Phone: |
| Authorized Agent: (Person Signing Application on Behalf of Owner(s)) | Agent Phone: | Agent Mailing Address (include City/State/Zip): | |
| PROJECT LOCATION | Legal Description: (Use Tax Statement) | PIN: (23 digits) 04-021-2-44-05-19-400-120-04800 | Recorded Document (i.e. Property Ownership) Volume 972 Page(s) 670 |
| 1/4, 1/4 | Gov't Lot 4 Lot(s) 4 CSM V6 P.3 Vol & Page 4800 Lot(s) No. 4800 Block(s) No. | Subdivision: Assessor's Plat in V.6 P.3 | |
| Section 19 , Township 44 N, Range 5 W | Town of: Granville | Lot Size | Acres 1.890 |

| | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage | Distance Structure is from Shoreline: 80 feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Distance Structure is from Shoreline: 80 feet | | |

| | | | | | | |
|---|---|---|--------------------------------------|--|--|--|
| Value at Time of Completion * Include donated time & material \$10,000 | Project (What are you applying for) | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
| <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> Addition/Alteration | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| <input type="checkbox"/> Conversion | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> 2-Story | <input type="checkbox"/> Year Round | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary | <input checked="" type="checkbox"/> Well |
| <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> Foundation | <input type="checkbox"/> Basement | <input type="checkbox"/> No Basement | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: INDIANA | <input type="checkbox"/> |
| | | <input type="checkbox"/> Foundation | | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | | | | <input type="checkbox"/> Compost Toilet | | |
| | | | | <input type="checkbox"/> None | | |

| | | | |
|---|-------------------|------------------|------------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 30 | Width: 24 | Height: 1 story |
| Proposed Construction: add | Length: 15 | Width: 24 | Height: 1 story |

| | | | |
|---|---|------------------------------|----------------|
| Proposed Use | Proposed Structure | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property) | (<input type="checkbox"/>) | |
| | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | (<input type="checkbox"/>) | |
| | <input type="checkbox"/> with Loft | (<input type="checkbox"/>) | |
| | <input type="checkbox"/> with a Porch | (<input type="checkbox"/>) | |
| | <input type="checkbox"/> with (2 nd) Porch | (<input type="checkbox"/>) | |
| | <input type="checkbox"/> with a Deck | (<input type="checkbox"/>) | |
| | <input type="checkbox"/> with (2 nd) Deck | (<input type="checkbox"/>) | |
| <input type="checkbox"/> Commercial Use | <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (<input type="checkbox"/>) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> Mobile Home (manufactured date) | (<input type="checkbox"/>) | |
| | <input checked="" type="checkbox"/> Addition/Alteration (specify) 4 bedroom | (<input type="checkbox"/>) | 360 |
| | <input type="checkbox"/> Accessory Building (specify) | (<input type="checkbox"/>) | |
| | <input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) 15 x 24 | (<input type="checkbox"/>) | 360 |
| | <input type="checkbox"/> Special Use: (explain) | (<input type="checkbox"/>) | |
| | <input type="checkbox"/> Conditional Use: (explain) | (<input type="checkbox"/>) | |
| | <input type="checkbox"/> Other: (explain) | (<input type="checkbox"/>) | |

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Mark A. Marine / Brian D. Marine** Date _____

Authorized Agent: _____ Date _____

Address to send permit _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

No Fees?

75 + 100 = 175 PD 250 for 60 site

